

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V60179** (1)  
1. Corporation Name  
**IBIS PRESS, INC.**



Principal Place of Business  
**1515 AQUEDUCT LN  
KEY LARGO FL 33037**

Mailing Address  
**PO BOX 2888  
KEY LARGO FL 33037  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>75 John Silver Drive</b> Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>08/24/1992</b>	
22 City & State 23 <b>Key Largo, FL</b>		27 City & State 28		4. FEI Number <b>65-0362390</b> Applied For Not Applicable	
24 <b>33037</b> 25 <b>USA</b>		29 Zip 30 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent <b>GUNN, PHIL 1515 AQUEDUCT LN KEY LARGO FL 33037</b>		10. Name and Address of New Registered Agent 81 Name <b>Gunn, Phil</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>75 John Silver Drive</b> 83 84 City <b>Key Largo</b> FL 85 Zip Code <b>33037</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUNN, PHIL</b>	1.2 NAME	<b>Gunn, Phil</b>
STREET ADDRESS	<b>1515 AQUEDUCT LN</b>	1.3 STREET ADDRESS	<b>75 John Silver Drive</b>
CITY-ST-ZIP	<b>KEY LARGO FL</b>	1.4 CITY-ST-ZIP	<b>Key Largo, FL 33037</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUNN, ELIZABETH M.</b>	2.2 NAME	<b>Gunn, Elizabeth M.</b>
STREET ADDRESS	<b>1515 AQUEDUCT LN</b>	2.3 STREET ADDRESS	<b>75 John Silver Drive</b>
CITY-ST-ZIP	<b>KEY LARGO FL</b>	2.4 CITY-ST-ZIP	<b>Key Largo, FL 33037</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

1/5/98 (520) 574-5022

CR2E034 (10/97)